

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295089		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2015	
NAME OF PROVIDER OR SUPPLIER MARQUIS CARE AT CENTENNIAL HILLS				STREET ADDRESS, CITY, STATE, ZIP CODE 6351 N FORT APACHE RD LAS VEGAS, NV 89149			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the Complaint Investigation survey conducted at your facility on 2/10/15, in accordance with 42 Code of Federal Regulations (CFR), Chapter IV, Section 482, Requirements for Long Term Care Facilities.</p> <p>The census at the time of the survey was 105.</p> <p>The sample size was five, including one closed record.</p> <p>Complaint #NV00041774: The complaint contained three allegations. The complaint could not be substantiated.</p> <p>The complaint investigative process was initiated by the Division of Public and Behavioral Health on 2/10/14.</p> <p>Allegation #1: Failure to prevent a resident's fall. This allegation could not be substantiated.</p> <p>The investigation for the failure to prevent a resident's fall included:</p> <ul style="list-style-type: none"> -Interviews were conducted with two Resident Care Managers (RCM's), the Director of Nursing (DON), and the Administrator. -Review of five medical records, including the resident of concern, revealed fall precautions, monitoring, and appropriate assessments were completed. There was no evidence the facility failed to follow appropriate precautions prior to the resident's fall. 			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/27/2015

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER MARQUIS CARE AT CENTENNIAL HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 6351 N FORT APACHE RD LAS VEGAS, NV 89149		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	<p>Continued From page 1</p> <p>-Review of Policies and Procedures, which included, Fall Risk Assessment, revised December 2007; Assessing Falls & Their Causes, revised December 2007; Fall Prevention: Potential Intervention; and Ten Questions to Answer at the Time a Resident Falls, revealed the facility followed their protocols regarding falls.</p> <p>Allegation #2: Failure to appropriately arrange a follow-up physician's appointment. This allegation could not be substantiated.</p> <p>Allegation #3: Failure to take action and notify the physician timely for a resident with signs and symptoms of pneumonia. The allegation could not be substantiated.</p> <p>The investigation for the failure to take action and notify the physician timely for a resident with signs and symptoms of pneumonia included:</p> <p>-Interviews were conducted with two RCM's, the Administrator, and the DON.</p> <p>-Review of five medical records, including the resident of concern, revealed the facility communicated with the physician and followed the physician's orders upon identifying shortness of breath and wheezing symptoms.</p> <p>-Review of Policies and Procedures, which included, Alert Charting: Clinical Assessment, revised 6/8/12; Change in a Resident's Condition or Status, revised 5/2010; and Making an Emergency Transfer or Discharge, revised 5/2010, revealed the facility documented all assessments, vital signs, medications, treatments, and communication with the physician.</p>	F 000			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295089	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER MARQUIS CARE AT CENTENNIAL HILLS			STREET ADDRESS, CITY, STATE, ZIP CODE 6351 N FORT APACHE RD LAS VEGAS, NV 89149		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	Continued From page 2 The findings and conclusions of any investigation by the Division of Public and Behavioral Health shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified:	F 000			